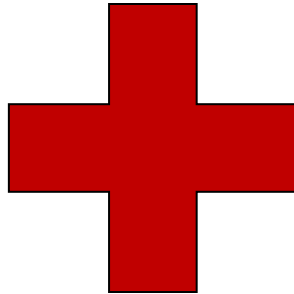


BBP EXPOSURE CARE KIT

UNL Bloodborne Pathogen/Exposure Control Plan

Form EHS-BBP-03

(Revised 9/24)



AN EMPLOYEE HAS A BLOODBORNE PATHOGEN EXPOSURE!!! WHERE DO I TAKE THEM FOR EXPOSURE CARE??

1. Complete the Exposure Questionnaire (pg.2), if possible.
2. Treatment should commence within three (3) hours.
3. Between 8 a.m. and 4:30 p.m. Monday through Friday call Madonna Fit for Work hotline (402.420.0002) to be directed to the appropriate Madonna provider.
4. Outside the days/hours noted in #2 above options are:
 - (a) Go to Heartland Urgent Care clinic, 965 South 27th, Suite D, 402.477.3505, open Monday-Saturday, 8 a.m.-8 p.m. and Sunday 10 a.m.-6 p.m.
 - (b) Go to Heartland Urgent Care clinic, 1265 S Cottner Blvd, Suite 41, 402.242.6500, open Monday-Saturday, 8 a.m.-8 p.m. and Sunday 10 a.m. -6 p.m.
 - (c) Go to CHI St. Elizabeth Hospital Emergency Room located at 555 S. 70th Street. Their phone number is 402.219.8000.



BLOODBORNE PATHOGEN

EXPOSURE QUESTIONNAIRE

This Information is Helpful to Medical Professionals Providing Treatment

Do Not Delay Transport Medical Provider to Obtain Information

Source Material/Person Questions

1. Source of bloodborne pathogen?
If not known skip to Exposure Incident Details. _____
2. Is the source another person? *If no, skip to question 3.*

Yes	No
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 - a. Is he/she accompanying you today?

Yes	No
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 - b. Will he/she be reporting to the medical facility at which you are seeking care?

Yes	No
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 - c. If not, do you want the medical facility at which you are seeking care to contact Source?

Yes	No
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Name of Source: _____

Phone #: _____

3. Did you bring a sample of the material with you? Yes No
 - a. Describe the source material: _____

Exposure Incident Details

1. Date and time of exposure: _____
2. How did the exposure occur? _____

List location of mucous membrane exposure; intact vs. broken skin; approx. surface area of body exposed, etc.:

3. Volume of blood/fluid/cell culture employee was exposed to: _____
4. Was the sample viable? Yes No
5. If needlestick, list type and gauge of needle if known, and depth of penetration or list type of object or instrument: _____
6. List PPE in use at time of exposure: _____
7. Duration of contact to source person or material: _____
8. Vaccination status of the exposed individual: _____
9. Describe first aid rendered to the exposed individual (*flushed eyes for 15 minutes, washed skin, applied topical antibiotic, etc.*) _____